

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents,
P.O. Box 1450
Alexandria, VA 22313-1450"

on June 8, 2004

Rimma Mitelman
RIMMA MITELMAN
Reg. No. 47,966
Attorney for Applicant(s)

06/08/04
Date of
Signature

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201
Attorney Docket No.: C7535(V)
Applicant: Davis et al.
Serial No.: 09/742,690
Filed: December 20, 2000
For: Detergent Compositions Comprising Benefit Agents

Group: 1652
Examiner: M. Rao
Edgewater, New Jersey 07020
June 8, 2004

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 8, 2004, please consider the following amendments and remarks:

Amendment to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

JUN 10 2004
PATENT & TRADEMARK OFFICE

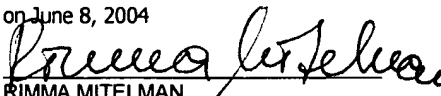
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RIMMA MITELMAN
Reg. No. 34,396
Attorney for Applicant(s)

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UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

Attorney Docket No.: C7535(V)
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims					\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under


☒ 37 C.F.R. § 1.16;

☒ 37 C.F.R. § 1.17;

☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

RM/sa
201) 840-2671


Rimma Mitelman
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